

12-07

Received 120283
Dell

State of
Washington
Department
of Ecology

NOTIFICATION OF
DANGEROUS WASTE ACTIVITIES

FACILITY I.D. NUMBER

WA D980836951

☐ RCRA/STATE ☐ STATE ONLY

DEPARTMENT USE ONLY

FORM 2

A. NAME OF FACILITY

PORT OF SEATTLE TERMINAL 105

B. FACILITY MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 1209

CITY OR TOWN

SEATTLE

STATE

WA

ZIP CODE

98111

C. LOCATION OF FACILITY

STREET OR ROUTE NUMBER

4260 WEST MARGINAL WAY SW

CITY OR TOWN

SEATTLE

County

KING

STATE

WA

ZIP CODE

98134

D. FACILITY CONTACT

NAME (last, first)

DOHRMANN, JOHN

TITLE

SR. ENVIRONMENTAL PLANNER

TELEPHONE

206-382-3330

E. OWNERSHIP

LEGAL OWNER OF FACILITY

PORT OF SEATTLE

TYPE OF OWNERSHIP

F = Federal N = Nonfederal

N

F. TYPE OF DANGEROUS WASTE ACTIVITY

(Enter "X" in the appropriate boxes)



GENERATION



TRANSPORTATION
(Complete F-1)



TRANSFER FACILITY



TREAT/STORE/DISPOSE



UNDERGROUND INJECTION

F-1. MODE OF TRANSPORTATION

(complete only if you are transporting waste)



AIR



RAIL



HIGHWAY



WATER



OTHER (specify)

G. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Lynn Taylor

NAME & OFFICIAL TITLE (type or print)

LYNN TAYLOR
Director of Planning & Research

DATE SIGNED

11/30/83

4. WASTE IDENTIFICATION											
NUMBER	H-1. DESCRIPTION OF WASTE	H-2. DANGEROUS WASTE NUMBER				H-3. AMOUNT OF WASTE (ANNUAL)				UNIT OF MEASURE	
1	WATER CONTAMINATED WITH SOLVENT OR OIL	D 001							2500	P	
2	111 TRICHLOROETHYLENE	F 001							500	P	
3	FLAMMABLE SOLVENTS	D 001							4950	P	
4	OIL	NONE							5850	P	
5	GASOLINE	D 001							2250	P	
6	ALKALINE CLEANER	D 002							1500	P	
7	POLYMER	NONE							450	P	
8	MAGNATROL 1560 POLYACRYLAMIDE ^{MIXED SPIRITS, ACRYLIC BASE}	D 001							30000	P	
9											
10											
11											
12											
13											
14											
15											

COMMENTS (ENTER INFORMATION BY LINE NUMBER—SEE INSTRUCTIONS)

1. FORMS REQUEST (CHECK THE BOX OF THOSE FORM(S) REQUIRED AND INDICATE HOW MANY).

- 1 ☒ NOTIFICATION FORM
- ☐ PART A PERMIT FORM FOR TSD FACILITIES
- 1 ☒ GENERATOR ANNUAL DANGEROUS WASTE REPORT FORM
- ☐ TSD FACILITY ANNUAL DANGEROUS WASTE REPORT/UNMANIFESTED WASTE REPORT
- ☐ BIOLOGICAL TESTING PROCEDURES
- ☐ CHEMICAL TESTING PROCEDURES